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THE MASTER SURGEON AND THE LAYMAN

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ROBERT BROWNING wrote: "Man's reach must exceed his grasp, else what's a Heaven for?" Thomas Carlyle stated that "Our main business is not to see what lies dimly at a distance, but to do what lies clearly at hand."

If there is an apparent inconsistency here between the thought of the poet and that of the historian, as the two apply to our problem, it is only an apparent inconsistency. Surely, we of this Association and of similar and kindred Associations are not to be content to reach only for such objects as we can certainly attain, or we are but little more than craftsmen. But surely, too, we are to do what lies clearly at hand, or we are but dreamers. If we are only dreamers, then we are not exemplars of Kelvin's proposition that the life and soul of science are in its practical application.

We are here today as practical men. Scientists, we ought to be; idealists, we hope we are; but practical men we must be, if we are to play our full part in the joint effort that brings us here together.

Because we are scientists, and because for program purposes this address had to have a title, I have captioned this address, in part, "The Master Surgeon," and because we are practical men, I have called it, in other part, "and the Layman." The two, in their actual existence, touch each other so intimately as to be well-nigh indivisible. Let us consider first, separating him for the moment, The Master Surgeon. What is he? What are his qualifications?

Passing as a matter of course, as well established these days, the requisite that he possess the breadth of education and general knowledge that is attested by an academic degree or adequate academic credits, we demand also, as a matter of course, that he be thoroughly and firmly imbued with knowledge of the principles of medicine and surgery as inculcated by approved medical schools. After he has obtained his license to practice medicine, with or without the experience of internship, he is legally qualified—legally, be it noted—to practice surgery. He is not fitted, however, to practice surgery. He is not, indeed, well fitted to practice medicine. So much the less is he fitted to practice surgery, without supervision.

Let us assume that he has become an adequately equipped medical man. And he must be that first. There is, I fear, a tendency today on the part of many young graduates to assume that they can safely leap from the medical school, over all experience of the practice of medicine, into the field of surgery. That assumption is not justified. The practical surgeon who is in truth a Master Surgeon knows that Mayo and Archibald, and all others, are eternally right when they say that the surgeon must be primarily a well trained practitioner of medicine, and he holds with Haggard, and the others who have said, that the scientist must never become so interested in the disease that he forgets the patient. Let us say, then, that the aspirant has become an adequately equipped medical man. Either he is now prepared to be trained and to train himself to be a Master Surgeon, or he has been under training to that end while he was equipping himself as a medical man after his graduation. For the teaching and the learning of surgery are as surely postgraduate work as is the earning of the academic degree of Ph.D. a matter of postgraduate work. The principles of surgery, to repeat, are taught in the medical schools. The application of these principles is learned after the medical schools have conferred their degree of M.D.

I stress the difference—and not as a grammarian—between the words “taught” and “learned,” because in the medical schools the aspiring surgeon is taught by those who are—certainly as to the student—primarily teachers. That is literally true of teachers who are full time men. It is also virtually true—as to the students—of those part time men, surgeons in active practice, who instruct classes or groups. Both classifications *teach* the principles of surgery. But the application of these principles must be *learned* by the aspirant. And it can best be learned from, rather than taught by, Master Surgeons who are not primarily teachers.

At least, that is the case in the main today. Eventually, the system under which the University of Minnesota grants first, the degree of Bachelor of Medicine, and later, after compliance with specified requirements, the degree of Doctor of Medicine, may be so extended and developed as to include a degree of Doctor of Surgery. The holder of such a degree may have been required to serve so rigid an apprenticeship, in the most favorable circumstances, in the practical application of surgical principles, as to have become a qualified surgeon. That would mean, however, that he must have under-

gone a period of three or five or even eight years of postgraduate application. Such a degree based upon such requirements is at this time, however, among those ideals for which we may reach but which we cannot as yet grasp.

There remains, then, the utilization of such resources, such facilities, such advantages, such opportunities, for the production of Master Surgeons as we have.

In a wholly inadequate manner, we attempt such utilization in the awarding of the F.A.C.S. degree by the American College of Surgeons. This degree, I think we all know, merely represents fulfilment on the part of its holder of requirements which are far too lax and which are, in a number of respects, of doubtful wisdom. Indeed, it represents something unpleasantly like a membership in a trade union. Worse, it represents membership in a trade union which does not obligate itself—as does so well conducted a labor organization as the Printer's Union, for example, to produce a sufficient supply of properly trained members. In this regard, the American College of Surgeons does those things which it ought not to do, and leaves undone those things which it ought to do. And yet, the F.A.C.S. is the only, even remote, approach to that degree of Doctor of Surgery, or Master of Surgery, toward which we are somewhat gropingly reaching.

Permit me to digress and say that this reaching for a Master's qualifications is as much, if not more, for the benefit of the layman than for individual attainment. The layman has no guide by which he may choose a qualified surgeon, and while our first duty is to provide adequate postgraduate teaching, it is equally important that we educate the layman, and provide a reliable criterion by which he may know to whom he may entrust his life or that of his family. For the time being, this latter responsibility must be put squarely upon the shoulders of the hospitals. Only qualified Master Surgeons should be given full privileges of the operating rooms in our hospitals, and this should be the very foundation upon which the American College of Surgeons is built. By this criterion only may our layman be educated to choose and select. By this means, when our layman is hurriedly urged into the hospital for surgical attention, he will quickly learn that his family practitioner, whom he idolizes, is not always competent to handle the problem which is to be faced.

In an article in the *ANNALS OF SURGERY* for October, 1935, which is the product of an exceptionally extensive survey and illuminating analysis, Doctor Archibald points out that the Royal Australasian College of Surgeons requires, among other things in the creation of its Fellows, "a minimum of five years' postgraduate training in surgery under an approved senior surgeon."

As there are many men, there are many minds, so it is easily conceivable that three or four years of postgraduate training of this character would suffice to equip some men, while others might need six or eight. Nevertheless, as fully as I realize the weaknesses and the dangers of standardization, I am not inclined to dispute the conclusion that there should be a minimum of five years of such training.

Such a requirement might work a hardship in some cases, but the compelling need of providing the greatest good for the greatest number should guide. There is much wisdom in the axiom of our brothers of the Bar that "hard cases make bad law." What they mean is that the disinclination to work a hardship leads to the abandonment of inexorable logic. It will not do to lower our standards in order to avoid working a hardship here and there. Neither the medical schools nor our Associations, neither public spirited Master Surgeons nor informed laymen can make capable surgeons, still less great surgeons, but together they can prevent incompetent men calling themselves surgeons, from visiting their incompetence upon the ignorant and suffering public.

That the public does suffer by the thousands from such men, is common knowledge among us. That it suffers in this manner because it is ignorant, is equally common knowledge among us. But it is not the public that is to be blamed for its ignorance in this respect; nor is the blame attributable merely to an inscrutable and immutable scheme of life. "The fault, dear Brutus, is not in our stars, but in ourselves . . ." For our own sake, for the sake of what has been called "the most brilliant of arts," we must, then, seek to repair this fault, as well as for the sake of the layman who is, or ought to be, our partner in this effort.

So far as law is concerned, it is repeated, any man who holds the degree of Doctor of Medicine and has a license to practice medicine may operate upon and practice surgery upon the layman. Before a lawyer may appear before the Supreme Court of the United States, he must have been licensed for three years to practice before the highest court of his own state. But the young doctor who has had his license to practice medicine for one day may take the body of an unfortunate patient in his hands, and with unskilled scalpel send its soul winging to the last of all Courts.

It is submitted that it is our duty so to inform the layman, to educate him, if we like, that he will not tolerate such a condition. It is our duty to inform him that a considerable percentage of the work done by experienced and capable surgeons is work of repair undertaken for the purpose of saving limbs, organs and often lives desperately endangered by the clumsy and sometimes culpable ignorance of incompetent men.

It is our duty to inform him that one of the most potent causes of blundering surgery is the open hospital, where any doctor may operate who can induce a sufferer to trust himself to his inexperienced hands. It is our duty to inform him that the cause, the foundation itself, of the open hospital, in turn, is the necessity in present conditions that presses upon the hospital's management to keep its beds filled. It is our duty to inform him that the shingle of an M.D. is not at all an assurance that the man in the office before which it swings is capable of practicing surgery—whether he be young, mature, aging, or aged.

If he asks—this layman—how he is to know what doctor is capable of practicing surgery upon him, it behooves us to answer, for the present, that

only such surgeons as are approved by senior surgeons, or by the management of closed hospitals, are to be entrusted with the complicated diagnostic and technical tasks that must be performed by the competent surgeon. It behooves us to tell him, too, that it is for him and his fellow layman to join with us in our effort, our purpose, to see to it that eventually only qualified men shall be legally authorized to practice surgery.

Our layman, being a business man, a man of affairs, may say: "It is all very well to insist that your graduate shall devote so many years to postgraduate study and training and experience, that he will not be permitted to practice surgery without supervision until he is well past the age of 30 years. But who is to support him during those postgraduate years? Why should he be denied the young man's right to marry and rear a family?"

Our answer, I take it, will be: "As our medical schools are constituted now, and as postgraduate work is carried on, the aspiring surgeon must earn, must be helped to earn, a living while he is assistant to a Master Surgeon." After we have grasped a larger measure of that for which we reach, after that superschool of surgery of which we now dream shall have been established, and shall have become prepared to train Master Surgeons, then our layman and his associates must create and maintain foundations whose pecuniary yield will enable the wise and experienced men who conduct this superschool to finance selected men of intellectual distinction, of strong will and of high character, while they pursue their quest of the Master Surgeon's scroll.

Our layman being a man of affairs, who has made his own way, who is familiar with the vigor and energy and courage of youth, may also ask: "Can you, in this idealistic plan of yours, be right in urging that studious and learned, intellectual and even brilliant, academically taught, and scientifically trained men, shall have withheld from them the right to practice surgery alone as Master Surgeons until the first fine flavor of youth has departed from them?"

Our answer, in my judgment, should be: "Yes!" Knowledge is not wisdom. Brilliance is not experience. Courage is not judgment. This is concretely answered by Disraeli when he said: "However gradual may be the growth of confidence, that of credit requires still more time to arrive at maturity."

Knowing how to operate is not knowing when to operate. Diagnostic acumen does not necessarily take into account other factors than the difficulties before the surgeon—factors which must be taken into account by the Master Surgeon. The caution which must go hand in hand with intrepidity, the comprehension which must range far beyond the operative field, the sort of fearlessness that is not afraid of being thought afraid, the wisdom that makes knowledge useful—all these are less the property of fine flavored youth than of full bodied maturity. And all are essential items of the Master Surgeon's equipment.

If by taking earnest thought and by converting that thought into careful

action we can form the Master Surgeon by such a mold as I have tried to suggest, and if the layman in his turn can be brought to realize that only such a Master Surgeon should be authorized to practice the science and art of surgery, then finally we shall have grasped that for which we have been reaching, and the practice of surgery will have become distinctively the province of the Master Surgeon to the incalculable benefit of the layman.

Finally, as tonight represents the crowning episode of my incumbency as your President, it behooves me to say that what little work I have done has been a labor of love. The glamour of high office does not appeal to me, and I would remind those who follow me that the dizzy heights are cold, the valleys warm and cheerful. I would that I had words to thank you again for the great honor conferred upon me.

The iris of the summer's shower, the rosy dawn, the brilliant hues of the bird of Juno are bright, soft things—but blend them, blend all the beauties of Nature in one harmonious whole, and there will still be wanting that mysterious essence of gladness that enters into the heart of man when so richly rewarded by his fellow man. Of all honors greatly to be desired, this to me is the greatest.

In closing, may I ask your forgiveness for a personal allusion. My father, my grandfather, and my great grandfather were all doctors of medicine. As a young boy my interest in medicine carried me into the library of my grandfathers, and there on the inside page of their old volumes I saw written, in the handwriting of my fathers, the following words: "*Esse quam videri.*" Freely translated this means: "To be, rather than to seem to be." To attain to the meaning of this motto has been an obsession of mine since I first began the study of medicine.

Success in the practice of surgery is not a wild dream of technical attainment, nor a madness of desire for professional acclaim. Oh! no, it is not that. It is goodness and honor and sincerity of effort and faith in life. It is this that I am wishing for you and yours.